

PEER EDUCATION LEADERSHIP TEAM APPLICATION

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Application Fee: \$5.00

MUST BE POSTMARKED BY MARCH 20th

There are three Peer Education Teams sponsored by the South Dakota FCCLA. The three teams are Family, Career, and Community. Peer educators are chapter members responsible for representing FCCLA. They should have a positive attitude, be enthusiastic and project an appropriate image for the state organization.

In Peer Education, emphasis is placed on issues that are of concern to teens. It is believed teens can greatly impact and relate to other teens and the community effectively.

Peer Education Leadership Team activities and projects will be related to a National FCCLA sponsored program. Projects developed within each team will contribute to the development of critical thinking, leadership, decision making, and problem solving skills.

AREAS ADDRESSED BY PEER EDUCATION TEAMS

FAMILY – to focus on developing individual and family interpersonal relationships, promoting child and family development, and obtaining family health and wellness

CAREERS – to focus on exploring careers, finding and keeping a job, and managing work and family related issues

COMMUNITY – to focus on identifying community needs, determining appropriate means to address concerns, and developing civic responsibilities

TEAM MEMBERSHIP

Membership on teams will be determined by:

- 1) completion of the application form prior to State Meeting
- 2) score of test taken at State Meeting
- 3) interview conducted by team adviser and members

RESPONSIBILITIES/POLICIES

Summer leadership training is **mandatory** for each peer educator every year. An additional session held during the school year is also required. It is important to check with your adviser about the dates for the training session.

Student team members will be required to sign a peer educator oath to represent a personal commitment to complete assigned individual and team responsibilities.

There is a dress code the student is required to follow. This is to ensure all team members look professional and project an appropriate image. The uniform will be determined by the Peer Education Team members and adviser.

There will be financial responsibilities for travel, meals, uniform, workshop supplies, etc. that are not covered by the state organization.

A student may serve on a team only once. The student may apply to serve on other peer education teams in subsequent years.

Each affiliated chapter may submit no more than two applications per Peer Education Team

State Use Only Postmark Date _____ Ck. Amt \$ _____ Verification Form _____
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PEER EDUCATION LEADERSHIP TEAM APPLICATION FORM

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA
 Application Fee: \$5.00 (Make check payable to SD FCCLA)
 MUST BE POSTMARKED BY MARCH 20th

Duplicate as needed; scan or found on web site of <http://doe.sd.gov/octe/FACS/documents> .
 This form should be typed or scanned using the same spacing and margins.

Team that you are applying for: _____ Family; _____ Career; _____ Community
 (Check One)

Name: _____ Cum. GPA: _____

Chapter: _____

School Address: _____ Phone: _____

Address	City	Zip
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Home Address: _____ Phone: _____

Address	City	Zip
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E-mail Address: _____

Current Year in School (check): ____7: ____8: ____9: ____10: ____11: ____12 Yrs in FCCLA ____

I. List involvement in FCCLA Activities and leadership positions (limit to space provided):
 A. Local:

B. District:

C. State/National:

D. List involvement in non-FCCLA related activities (limit to space provided):

II. Please attach the following: Write a paragraph explaining what qualities or experiences you
 have that would make you a good peer education member.

PEER EDUCATION VERIFICATION/RECOMMENDATION FORM

Please check the responses that apply to the student who wishes to be a peer educator.

ADMINISTRATOR RECOMMENDATION

_____ I verify this student is academically eligible for participation as a peer educator.

_____ I understand and support the training and activities involved in this position.

_____ I recommend this student for a peer education team position.

Signature: _____ Date: _____

ADVISER RECOMMENDATION

_____ I verify the student applying for this peer education position is an active FCCLA member and is capable of fulfilling the responsibility of this position.

_____ I accept the responsibility to support the student by providing resource information on individual and team projects and activities.

Signature: _____ Date: _____

PARENT/GUARDIAN COMMITMENT

_____ I understand and support the training and activities involved in a peer education team position.

Signature: _____ Date: _____

STUDENT COMMITMENT

_____ I understand and accept the responsibilities of the position I am applying for. I am aware of the summer training dates and financial requirements the position may involve.

Signature: _____ Date: _____

Postmarked by March 20th. Send form to Julie Bell, 239 NFA Box 2275A, SDSU, Brookings, SD 57007-0295, along with the \$5.00 fee. Make checks payable to SD FCCLA.